



MINNESOTA BOARD OF MEDICAL PRACTICE

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TRADITIONAL MIDWIFE FACT SHEET

HISTORY

The Minnesota Legislature enacted a law in 1999 establishing a licensure system for traditional midwives. The Board of Medical Practice is responsible for administering the law and providing information to consumers and other interested persons.

ADVISORY COUNCIL ON LICENSED TRADITIONAL MIDWIFERY

The Advisory Council on Licensed Traditional Midwifery was appointed by the Board of Medical Practice to advise the Board on issues regarding traditional midwife licensure standards, enforcement of the practice act, and complaint review. The Council is composed of five members: three traditional midwives, one physician who has been or is currently consulting with licensed traditional midwives, and one homebirth parent.

LICENSURE

It is unlawful for any person to use the following protected titles without a valid license after June 30, 2001. An unlicensed person is prohibited from using the title "licensed traditional midwife," or "licensed midwife" or use the letters "LTM" or "LM" or any other titles words, letters, abbreviations, or insignia indicating or implying that the person is licensed as a traditional midwife in Minnesota. An unlicensed person violating this law is guilty of a misdemeanor.

LICENSURE REQUIREMENTS

- A. General Licensure.** To establish eligibility for licensure, an applicant must:
1. be a graduate of an approved education program or submit evidence of having completed an apprenticeship;
 2. be currently certified by the North American Registry of Midwives (NARM) as a certified professional midwife;
 3. be currently certified by the American Heart Association or the American Red Cross for adult and infant cardiopulmonary resuscitation;
 4. submit a copy of their medical consultation plan;
 5. submit documentation verifying the required practical experience.
- B. Licensure by Reciprocity.** Applicant must have current and unrestricted license or certificate from another jurisdiction with requirements which meet or exceed Minnesota licensure requirements:
1. be a graduate of an approved education program or submit evidence of having completed an apprenticeship;
 2. be currently certified by the North American Registry of Midwives (NARM) as a certified professional midwife;
 3. be currently certified by the American Heart Association or the American Red Cross for adult and infant cardiopulmonary resuscitation;
 4. submit a copy of their medical consultation plan;
 5. submit documentation verifying the required practical experience.

- C. Licensure by Equivalency during Transitional Period.** Applicant must submit application by July 1, 2001 AND submit documentation of practicing traditional midwifery for at least 5 years from July 1, 1994 to June 30, 1999. Licensure during transition may be renewed once. Within a two year period from date license is issued, the licensed traditional midwife must obtain certification from the North American Registry of Midwives as a certified professional midwife.

LIMITED LICENSE

A **temporary permit** is available to general and reciprocity applicants who meet all the requirements for permanent licensure and wish to practice before final approval is granted by the board. The temporary permit is valid only until the Board meeting at which a decision is made on the application for licensure.

SCOPE OF PRACTICE

The scope of practice of traditional midwives includes, but is not limited to: 1) initial and ongoing assessment for suitability of traditional midwifery care; 2) providing prenatal education and coordinating with a licensed health care provider as necessary to provide comprehensive prenatal care, including the routine monitoring of vital signs, indicators of fetal developments, and laboratory tests, as needed, with attention to the physical, nutritional, and emotional needs of the woman and her family; 3) attending and supporting the natural process of labor and birth; 4) postpartum care of the mother and an initial assessment of the newborn, and 5) providing information and referrals to community resources on childbirth preparation, breast-feeding exercise, nutrition, parenting, and care of the newborn.

PRACTICE LIMITATIONS

The practice of traditional midwifery does not include: 1) the use of any surgical instrument at a childbirth, except as necessary to sever the umbilical cord or repair a first- or second-degree perineal laceration; 2) the assisting of childbirth by artificial or mechanical means; or 3) the removal of a placenta accreta.

A licensed traditional midwife shall not prescribe, dispense, or administer prescription drugs, except that a licensed traditional midwife may administer vitamin K either orally or through intramuscular injection, postpartum antihemorrhagic drugs under emergency situations, local anesthetic, oxygen, and a prophylactic eye agent to the newborn infant. A licensed traditional midwife shall not perform any operative or surgical procedures except for suture repair of first- or second-degree perineal lacerations.

PROFESSIONAL CONDUCT (Statute 147D.05)

Subdivision 1. Practice standards. (a) A licensed traditional midwife shall provide an initial and ongoing screening to ensure that each client receives safe and appropriate care. A licensed traditional midwife shall only accept and provide care to those women who are expected to have a normal pregnancy, labor, and delivery. As part of the initial screening to determine whether any contraindications are present, the licensed traditional midwife must take a detailed health history that includes the woman's social, medical, surgical, menstrual, gynecological, contraceptive, obstetrical, family, nutritional, and drug/chemical use histories. If a licensed traditional midwife determines at any time during the course of the pregnancy that a woman's condition may preclude attendance by a traditional midwife, the licensed traditional midwife must refer the client to a licensed health care provider. As part of the initial and ongoing screening, a licensed traditional midwife must recommend that the client receive the following services, if indicated, from an appropriate health care provider:

- (1) initial laboratory pregnancy screening, including blood group and type, antibody screen, Indirect Coombs, rubella titer, CBC with differential and syphilis serology;
- (2) gonorrhea and chlamydia cultures;
- (3) screening for sickle cell;
- (4) screening for hepatitis B and human immunodeficiency virus (HIV);
- (5) maternal serum alpha-fetoprotein test and ultrasound;
- (6) Rh antibody and glucose screening at 28 weeks gestation;
- (7) mandated newborn screening;

(8) Rh screening of the infant for maternal RhoGAM treatment; and

(9) screening for premature labor.

(b) A client must make arrangements to have the results of any of the tests described in paragraph (a) sent to the licensed traditional midwife providing services to the client. The licensed traditional midwife must include these results in the client's record.

Subd. 2. **Written plan.** A licensed traditional midwife must prepare a written plan with each client to ensure continuity of care throughout pregnancy, labor, and delivery. The written plan must incorporate the conditions under which the medical consultation plan, including the transfer of care or transport of the client, may be implemented.

Subd. 3. **Health regulations.** A licensed traditional midwife must comply with all applicable state and municipal requirements regarding public health.

Subd. 4. **Client records.** A licensed traditional midwife must maintain a client record on each client, including:

(1) a copy of the informed consent form described in section 147D.07;

(2) evidence of an initial client screening described in this section;

(3) a copy of the written plan described in subdivision 2;

(4) a record of prenatal and postpartum care provided to the client at each visit; and

(5) a detailed record of the labor and delivery process.

Subd. 5. **Data.** All records maintained on each client by a licensed traditional midwife are subject to section 144.335.

INFORMED CONSENT (Statute 147D.07)

Subdivision 1. **General.** Before providing any services to a client, a licensed traditional midwife must:

(1) advise the client of the information contained in the informed consent form;

(2) provide the client with an informed consent form; and

(3) have the form returned with the client's signature attesting that the client understands the consent form and the information contained in the form.

Subd. 2. **Contents.** The informed consent form must be written in language understandable to the client and, at a minimum, must contain the following:

(1) name, address, telephone number, and license number of the licensed traditional midwife;

(2) a description of the licensed traditional midwife's education, training, and experience in traditional midwifery;

(3) the licensed traditional midwife's fees and method of billing;

(4) the right of the client to file a complaint with the board and the procedures for filing a complaint;

(5) a description of the licensed traditional midwife's medical consultation plan and the antepartum, intrapartum, and postpartum conditions requiring consultation, transfer of care, or transport to a hospital;

(6) the scope of care and services to be provided to the client by the licensed traditional midwife;

(7) the available alternatives to traditional midwifery care;

(8) a statement indicating that the client's records and any transaction with the licensed traditional midwife are confidential;

(9) a notice that reads: "We realize that there are risks associated with birth, including the risk of death or disability of either mother or child. We understand that a situation may arise, which requires emergency medical care and that it may not be possible to transport the mother and/or baby to the hospital in time to benefit from such care. We fully accept the outcome and consequences of our decision to have a licensed traditional midwife attend us during pregnancy and at our birth. We realize that our licensed traditional midwife is not licensed to practice medicine. We are not seeking a licensed physician or certified nurse midwife as the primary caregiver for this pregnancy, and we understand that our licensed traditional midwife shall inform us of any observed signs or symptoms of disease, which may require evaluation, care, or treatment by a medical practitioner. We agree that we are totally responsible for obtaining qualified medical assistance for the care of any disease or pathological condition.";

(10) the right of a client to refuse services unless otherwise provided by law;

(11) a disclosure of whether the licensed traditional midwife carries malpractice or liability insurance; and

(12) the client's and licensed traditional midwife's signatures and date of signing.

Subd. 3. **Filing.** The licensed traditional midwife must have a signed informed consent form on file for each client. Upon request, the licensed traditional midwife must provide a copy of the informed consent form to the board.

MEDICAL CONSULTATION PLAN.

An applicant must develop a medical consultation plan, including an emergency plan. The plan must describe guidelines and under what conditions the plan is to be implemented for:

- (1) consultation with a licensed health care provider;
- (2) the transfer of care to a licensed health care provider; and
- (3) immediate transport to a hospital.

The conditions requiring the implementation of the medical consultation plan must meet at a minimum the conditions established by the Minnesota Midwives Guild in the Standards of Care and Certification Guide, the most current edition.

CONTINUING EDUCATION

All licensed traditional midwives must provide evidence every three years of 30 contact hours of board-approved continuing education. At least five contact hours must involve adult cardiopulmonary resuscitation and either infant cardiopulmonary resuscitation or neonatal advanced life support.

RENEWAL CYCLE

Licensure must be renewed annually on or before June 30 of each year. Renewal notices are sent approximately 45 days prior to expiration. It is the traditional midwife's responsibility to keep the Board advised, in writing, of an address change within 30 days. The Board is obligated to mail the renewal application to the address on file. Failure to receive the renewal documents does not relieve traditional midwives of their renewal obligation. In addition to providing evidence of 30 hours continuing education every three years, licensees must submit evidence of an annual peer review and update of the licensed traditional midwife's medical consultation plan.

INACTIVE LICENSURE STATUS

A license may be placed in formal inactive status upon application to the Board. The license may be restored back to active status by completing one hour continuing education for each month of inactive status. If inactive status extends beyond five years, the traditional midwife must achieve a qualifying score on a credentialing examination or complete eight weeks of council-approved supervised practical experience.

The Board will cancel a license for nonrenewal if the license has not been renewed within two annual renewal cycles starting July, 1999. Traditional midwives wishing to practice in Minnesota again once a license has been canceled for nonrenewal must obtain a new license by reapplying and fulfilling all requirements in existence at time of reapplication.

If any part of this Fact Sheet conflicts with the Minnesota rules or laws, the rules or laws take precedence. It is your responsibility to understand and comply with the regulations. Please call the Board offices if you have any questions.